

MISSISSIPPI DELTA COMMUNITY COLLEGE
DIVISION OF HEALTH SCIENCES

SUBSTANCE USE POLICY

It is the goal of Mississippi Delta Community College to maintain an environment that is free from the effects of intoxicants or other substances affecting behavior. It is our belief that a substance/drug free environment is to the benefit of students and employees of Mississippi Delta Community College as well as the surrounding community. MDCC Health Sciences has a zero tolerance drug/alcohol policy inclusive of: possession, use, or under the influence while on any MDCC campus or clinical affiliate.

Preadmission drug screening is required as a part of the physical exam for all students admitted to the Health Science Programs. A satisfactory drug screen is required for admission. All drug screening will be done in a manner to assure verification of an accurate specimen. All students who are tested must be witnessed by an approved MDCC Official or a staff member of the collecting agency. If there are any discrepancies with the specimen, the student may be subject to retesting. If any student(s) is caught falsifying a urine specimen or in possession of a falsified urine specimen that individual(s) will be immediately re-tested and be subject to disciplinary action by the College and the Health Science Department. If a student does not report or refuses drug testing at the designated time, or leaves the drug testing area without giving a specimen, the test will be considered as a positive test and the student will be dismissed immediately from the program. All prescription medications taken regularly or as needed should be listed on the medical form. The student must notify and provide written proof of any medications which may affect behavior to the program director.

Random and/or group drug screening may take place each semester. Any person in the role of a student in a Health Science Program who exhibits sensory symptoms or behavior indicative of being under the influence of mind altering substances (reasonable suspicion exists) may be required to have a drug and/or alcohol screening performed immediately. The student will be suspended pending test results. Refusal by a student to participate in a drug screening is in violation of the established policy and will result in dismissal.

If any drug screening is positive, the student is dismissed immediately from the program. Any drug screening, whether it is done for employment purposes, law enforcement purposes or school purposes, that is positive during the period of time the student is enrolled in the Health Science program, the student will be dismissed immediately from the program. The student will be given an opportunity to meet with the ADN Chair and the Dean of Health Science. The student may be considered for probationary readmission (ONE time only) following completion of a chemical dependency program approved by the Health Science Program at the student's expense. If probationary readmittance is granted, after-care monitoring will be required for the duration of the course of study at the student's expense.

Drug testing procedures will be carried out at the direction of the Vice President of Student Services and the laboratory personnel conducting the screening. Testing may be in the form of urine testing or hair sampling as deemed necessary by the Vice President of Student Services in consultation with the collecting agency. Lab results are submitted directly from the lab to the Vice President of Student Services. The Vice President of Student Services sends notification of drug testing results to the Dean of Health Science or ADN Chair. Results are confidential and will be placed in the student's file.

I, _____, have read and understand the substance use policy of Mississippi Delta Community College. I grant permission for drug and alcohol testing of myself and acknowledge consent by this signature affixed hereto. I grant permission for the laboratory facility to release lab results to Mississippi Delta Community College.

I understand that I am responsible for providing written documentation from my physician regarding controlled substances that I am taking that could be positively identified in a drug profile.

Student Signature

Date

Signature of Parent/Guardian (if under age of 18)

Date